## ADULT RESPIRATORY DISTRESS:

Includes respiratory distress due to asthma, COPD, lung infections, pulmonary edema, pulmonary emboli, heart failure, hyperventilation or other causes. Since these conditions cannot be diagnosed in the pre-hospital environment, treatment is standard as below.

1. Evaluate breath sounds, mental status, skin color.
2. **Oxygen** by non-rebreather mask or nasal cannula as situation indicates (use mental status, skin color, and $O_2$ saturation to guide $O_2$ therapy).
3. Allow position of comfort.
4. $SpO_2$ monitor, cardiac **monitor**.
5. Assisted ventilation if needed by BVM or BV-ETT (use mental status, skin color, air movement, and $O_2$ saturation to assess need for assisted ventilation).
6. If history of asthma or COPD and wheezing give **Albuterol**, 2.5mg (0.5cc) in 3cc solution via SVN.
7. Establish an **IV line LR or NS TKO**.
8. In adults with rales in whom heart failure is suspected, and signs of volume overload (history of heart failure, hypertension, jugular venous distension, peripheral edema): administer Nitroglycerin 0.4 mg sublingual. Contraindicated if systolic < 100 mmHg.
9. **Contact Medical Control**.

Medical Control Options:

a. Administer **Morphine Sulfate** on physician order for suspected heart failure. Titrate dose at 2-3mg and monitor blood pressure.
b. **Nitroglycerin 0.4mg** sublingually or metered spray may be administered to create venous pooling in suspected heart failure. Determine how much, if any, the patient has already taken prior to administering additional nitroglycerin. Check blood pressure before administration. Contraindicated for systolic <100.
c. **Albuterol 2.5mgs** (0.5cc) in 3cc solution via nebulizer running at 6 liters/minute.
d. Consider **Epinephrine** 1:1000, 0.3-0.5mg subcutaneously or intramuscular (pediatric dose: 0.01mg/kg = 0.01cc/kg – move to Pediatric protocol).
e. Intubation as indicated.
f. Divert to closest hospital if deterioration anticipated.